

CLAIMS ONLY						Application Number 101838415		Filing Date				
12-7-15						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/				51					
2	/		/				52					
3	/		/				53					
4	/		/				54					
5	/	/	/	/			55					
6	/		/				56					
7	/	/	/	/			57					
8	/	/	/	/			58					
9	/	/	/	/			59					
10	/	/	/	/			60					
11	/		/				61					
12	/		/				62					
13	/		/				63					
14	/		/				64					
15	/		/				65					
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18	/		/				68					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94	/				
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	12		14				Total Indep					
Total Depend	6		0				Total Depend					
Total Claims	18		14				Total Claims					